

REMARKS

Claims 1-8 are all the claims pending in the application. Claims 1 and 2 presently stand rejected. Although the Office Action Summary indicates that claims 3-8 are objected to, the text of the Office Action indicates that claims 3-8 are allowed.

The Examiner has not indicated approval of the drawings filed May 16, 2005. Applicants respectfully request such approval from the Examiner in the next Office action.

The Examiner has maintained the rejection of claims 1 and 2 under 35 U.S.C. § 103(a) as being unpatentable over Weisner et al. (5,262,944) in view of Schoenberg et al. (USP 6,322,502).

Analysis of the Prior Art Rejections

Applicants amend claims 1 and 2 to clarify the invention. Such changes are not substantive; therefore, Applicants respectfully request the Examiner to enter these changes in order to progress prosecution of the pending application.

These changes clarify the present invention, and highlight the distinctions from the prior art because (1) each of the plurality of bed side monitors is disposed at an associated one of the plurality of patients, respectively; and, (2) vital signs and/or alarm information of at least one other of the patients is displayed together with the vital signs of the associated one of the patients.

The prior art rejections are based on the concept that the central station in Weisner can be used as a bedside monitor. However, the central monitor disclosed in Weisner would not work similarly to the claimed bedside monitor. Weisner clearly explains that the central monitor is an apparatus for merely displaying vital signs of patients measure by external apparatuses, i.e. the

bed side monitors (see Abstract, col. 1, lines 28-30; col. 3, lines 7-9, col. 5 lines 49-51). Thus, the bedside monitor in Weisner is an apparatus for measuring vital signs of a specific patient (col. 1 lines, 22-26); the central monitor is not capable of measuring vital signs of a specific patient but only displays the information that is measured by the bedside monitor.

Therefore, if the central monitor of Weisner is disposed at a bedside of a specific patient, the central monitor would merely display the vital signs of other patients, and not that associated patient, unless a bedside monitor were also disposed at the bedside of that patient. In other words, since the central monitor is only capable of displaying vital signs that are measured by a bedside monitor, those vital signs of the patient at which the central monitor resides would not be displayed unless, in addition to the central monitor, a bedside monitor was also disposed in that bedside location. Certainly, one of ordinary skill in the art would not have been motivated to have a central monitor and a bedside monitor at a patient's bedside.

Thus, the present invention is more than merely moving a central monitor next to a patient. As discussed above, moving the central monitor still would not achieve the claimed invention according to claims 1 and 2. The present invention improves upon the current bedside monitoring system, by allowing such a bedside monitor to display other patients' vital signs, while also functioning as a bedside monitor. The central monitor of Weisner cannot function as a bedside monitor but merely can display information from bedside monitors.

Still further, the claimed invention utilizes more than one bedside monitor capable of the claimed functions. That is, a bedside monitor is at each of the bedsides, respectively. In the prior art, only one central monitor is used, and thus, even if one were to move the central monitor to a bedside location, there could not be more than one central monitor and thus, a monitor at

each bedside. The prior art does not teach, suggest or contemplate the use of more than one central monitor; those of ordinary skill in the art understand that a central monitor is used to display gathered information in one central location and thus there would not have been any motivation to use more than one central monitor.

Schoenberg fails to remedy the deficiencies of Weisner. In particular, Schoenberg merely saves the data of a particular patient for that particular BSU. There is no suggestion that it saves other patients' data, or that there is any manner for simultaneously displaying a plurality of patients' data on a particular BSU.

Thus, the novelty of the present invention is lost with the combination of cited references, Weisner and Schoenberg.

In view of the foregoing, claims 1 and 2 are not rendered obvious by the combination of Weisner and Schoenberg.

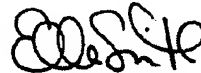
Conclusion

In view of the above, reconsideration and allowance of this application are now believed to be in order, and such actions are hereby solicited. If any points remain in issue which the Examiner feels may be best resolved through a personal or telephone interview, the Examiner is kindly requested to contact the undersigned at the telephone number listed below.

AMENDMENT UNDER 37 C.F.R. § 1.116
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The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

Respectfully submitted,



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